SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/08/2019 12:03
Date Of Accident	13/08/2019 16:55
Exact Location Of Accident	FERNHILL RD INTO STEVENS RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF4531J
Insured/Policyholder	
Name Of Registered Owner	ORAL BAYBARA BORA
Passport No/FIN	G6313889X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84682703
Alternative Phone No	OTHERS-98385394
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	EVOQUE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18091522MVPC
Cover Note Number	
Driver	
Name of Driver	ORAL ASLI
Passport No/FIN	G6313927R

Passport No/FIN G6313927R Date Of Birth 04/08/1971 Occupation **INDOOR Date Of Driving Pass** 26/08/2010

Driving Experience 8 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98385394

Fax Number

Contact Number

EMail Address ASLIORAL@YAHOO.COM Address 1 FERNHILL RD

#05-03

Postcode 259049

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Vegistration Number of Briver's Own

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES HAVEN'T RETRIEVE

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK6147H

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Origin's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Accident Sketch Plan

	ACTACH
	AS DEC ATTACHED
	as per
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CDIRE CIDCULARETA	NCES OF THE ACCIDENT
CRIBE CIRCUMSTA	INCES OF THE ACCIDENT
Pls 1es	or to the attached statement.
7	to the decided softened.
1,775	
	particulars are true in every respect.
LARATION declare the foregoing	A D
	particulars are true in every respect. A 2 14/08/2019 Fym 14/08/19

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Individual Statement

Report by Oral Asli

Accident involving SIF 4531 T and 5Kk 6147H on 13/8/19 at the Junction of Fernhill Rd and Stevens Rd

Fernhall Rd and stopped behind skt 6147 H before
the junction with Steven's Rd.
When the front car moved out, I followed.
Then he stopped again before fully turning out.
Then he stopped again before fully turning out.
Then he stopped in time and collided
of could not stopped in time and collided
my front left hand side onto his rear right
hand side corner of his cas.
That's all

A mosted to AI after stopping. A: SKK 6147 H

B then knocked to the stopping B: SUF4531).

The it when ternhell Ro Skevens Rd

Skevens Rd

4/08/2019







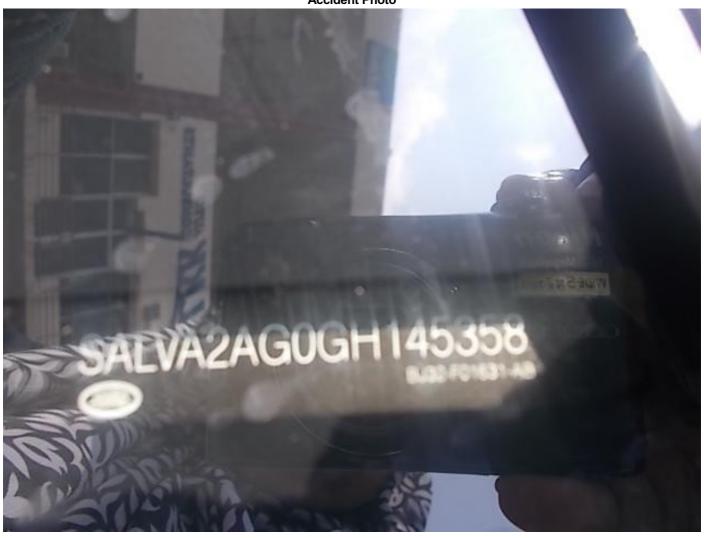


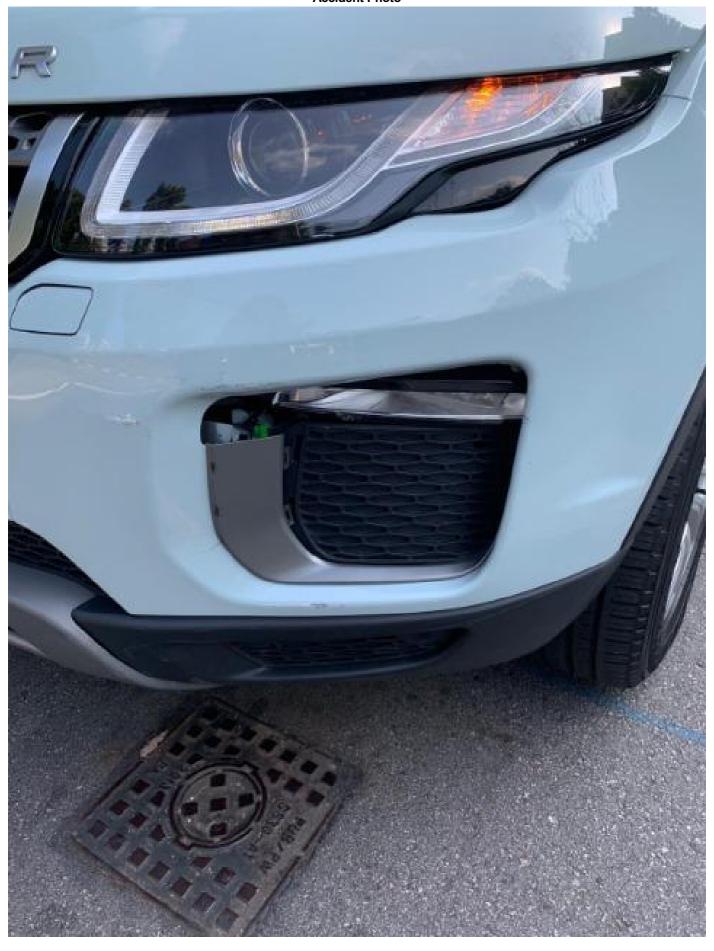








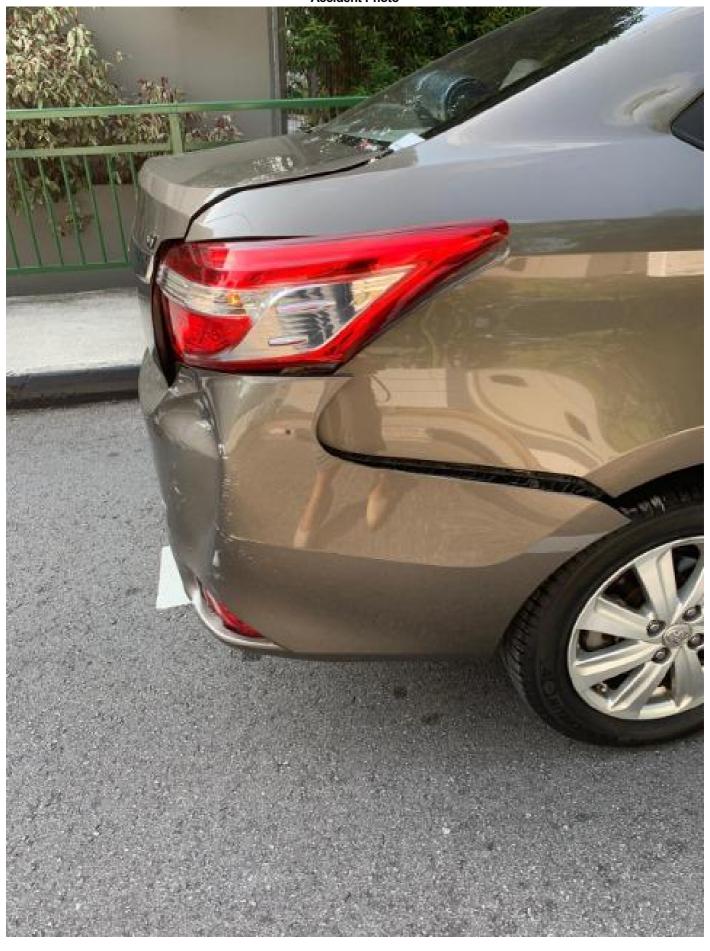




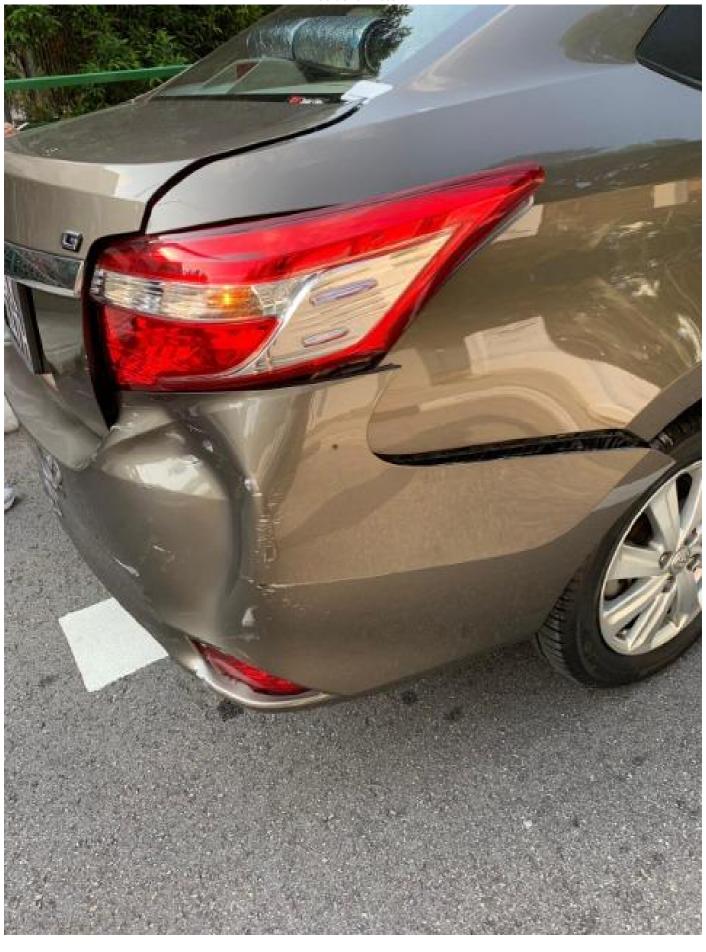


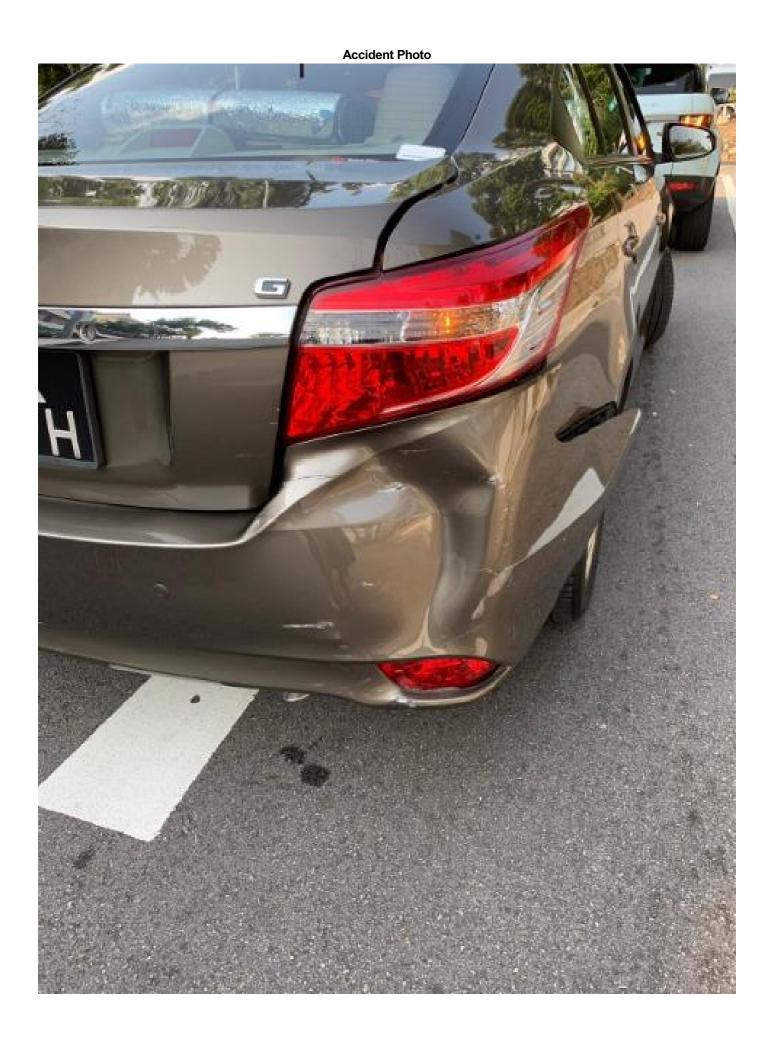


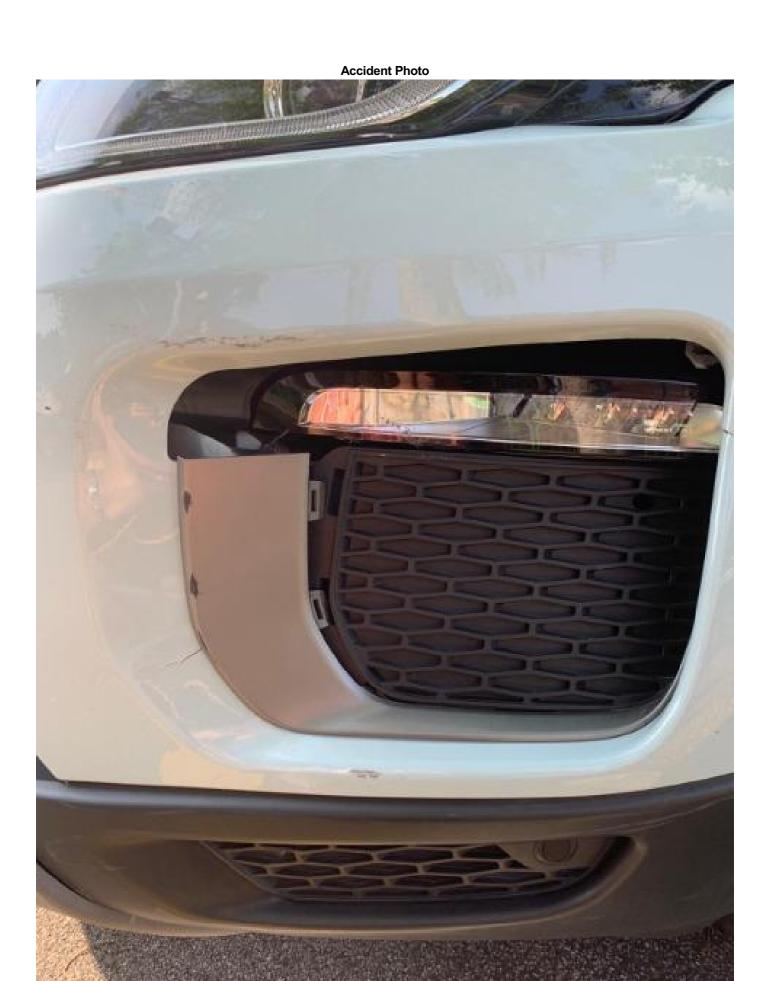












Identification Card





VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSISS EMECTIVE DATE.

Cheen X Maker Cara -- 1800km with -- 7 passengers, exclusive 38 Aug 2019 of the green, and stoor rectar vehicles 42 860kg

FOR LKK/NAC Use Only

10° 470 A

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4. Fernhill Rd. # 05-03 253049
Astioral & Yahon-com